


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91048 036 \*\*\*\*61.25

DOCUMENT # N0300006772			
1. Entity Name RAGE FAST-PITCH SOFTBALL, INC.			
Principal Place of Business 12340 BLASINGIM RD. FT. MYERS FL 33912		Mailing Address 12340 BLASINGIM RD. FT. MYERS FL 33912	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  MINER, BOBBIE S 1207 SW 27TH ST - 19th Lane CAPE CORAL FL 33991		7. Name and Address of New Registered Agent Name: <u>Miner, Bobbie S</u> Street Address (P.O. Box Number Not Acceptable): <u>1207 SW 19th Lane</u> City: <u>Cape Coral</u> FL Zip Code: <u>33991</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLASINGIM, DOROTHY 12340 BLASINGIM RD. FT. MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, SAM 1266 WALES DR. FT. MYERS FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINER, JEFFREY 1207 SW 19TH LANE CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTERSON, SCOTT 5611 BURNHAM CT. N. FT. MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Peterson, Scott</u> <u>5611 Burnham Court</u> <u>N. Ft. Myers, FL 33903</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGER, RENE 1836 VAN LOON TERR. CAPE CORAL FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Hayre, Clayton</u> <u>4201 Orange Grove Blvd</u> <u>N. Ft. Myers, FL 33903</u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		Date: <u>4/22/04</u> Daytime Phone #: <u>941-964-2080</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66422071



MOORE CR2E037 (11/03)

4. FEI Number 13-4260926 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required